

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4409AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/17/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAINT FRANCIS GROUP HOME CARE 8</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1604 WILDWOOD DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/10/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was eight. Eight resident files were reviewed and three employee files were reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000			
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p> <p>This STANDARD is not met as evidenced by:</p>	Y 070			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1  Based on record review on 3/10/11, the facility failed to ensure that 1 of 3 caregivers received eight hours of annual training (Employee #1)  Severity: 2 Scope: 3	Y 070			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Based on record review on 3/10/11 the facility failed to ensure that 1 of 8 residents received an annual physical (Resident #4).  Severity: 2 Scope: 1	Y 859			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by	Y 878			

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Y 936	Continued From page 3  Based on record review on 3/10/11, the facility failed to ensure 1 of 8 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #4) which affected all residents.  Severity: 2 Scope: 1	Y 936			

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